

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <i>6242</i>	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name William R Gibbons P.O. Box, Bldg., Room No., if any Street 18306 Black Oak Avenue City Tinley Park State Illinois ZIP Code + 4 60477	4. Name, file number, and address of labor organization. Name PACE International Union Labor Organization File Number <i>000318</i> P.O. Box, Building and Room Number, if any P.O. Box 1475 Street 3340 Perimeter Hill Drive City Nashville State Tennessee ZIP Code + 4 37202
5. Position in labor organization. Vice President & Regional Director	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name SCA Tissue North America, LLC Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 2400 Street 1451 McMahon Drive City Neenah State Wisconsin ZIP Code + 4 54957-2400	7.a. Nature of Interest, Transaction, or Income. Our Union has a formal partnership agreement with this employer to enhance employee interest and improve employer operations. As a result I attended joint working dinners that the employer paid for on or about 12/9,10/12,10/20,9/21,4/8 and 3/5/04. Est. COMBINED VALUE \$165.00 7.b. Amount. EST. COMBINED AMOUNT → \$165

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

William R. Gibbons

On 8/12/05

Date

708-633-1182

Telephone Number

Name of Person Filing William Gibbons	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Becker & Galanti, P.C.</p> <p>Trade Name, if any: Law Firm</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 3673 Highway 111</p> <p>City Grante City</p> <p>State Illinois ZIP Code + 4 62040</p>	<p>14.a. Nature of payment.</p> <p>This Law firm sent some steaks to my office on or about 12/27/04. They were delivered thawed out and therefore disposed of and were of no value to me. However, I understand the value was est. at \$ 48.00 and therefore that is what I am reporting.</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant ?</p>	<p>14.b. Amount of payment.</p> <p>\$48</p>



William R. Gibbons
18306 Black Oak Avenue
Tinley Park, IL 60477
(708) 633-1183

MEMO

TO: U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards

FROM: William R. Gibbons

DATE: August 12, 2005

RE: LM-30

Enclosed is an LM30 that I am filing for calendar year 2004. Since this was the first time I filed one of these forms, I am not sure it was filled out correctly, nor am I sure some of these events are even reportable.

If there are any questions, please let me know.

Very truly yours,

William R. Gibbons